## 2021003165

## SCHEDULE A (FEC Form 3)

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a	П	111		11c	11d	<u></u>					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements m	ay not be sold or used by any paddrass of any political committee	person	for the	pu	13a   Irpo	se of	soliciti	ng contri	15_ butions					
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Full Name (Last, First, Middle Initial)  Kathryn Angell					Date of Receipt										
Mailing Address 267 Main Street				10 11 2012											
City Concord	State MA	Zip Code 01742	Trai	Transaction ID : C19630503A											
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Name of Employer Self-employed	Occupation Consultant			<u>/</u>	Sacran	. J	<b>-3</b>	\	625	.00					
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